DWC Provider Claim Submission User Manual
By: PCE Systems
February, 2015

Table of Contents

How to Enter a Professional Claim that Requires an Authorization..... 3

How to Enter the HCFA-1500 4

How to Enter Hospital (Institutional) Claims that Require an Authorization 7

How to Enter the UB-04 8

How to Adjudicate Claims, Make Changes and Send a Batch of Claims for Processing 10

How to Create an Adjudication Report 10

How to View and Correct Claims in a Batch 11

How to Take Over a Batch 11

How to Submit Claims to the Agency 11

How to View Payments 12

To Print Remittance Advice (Short) 12

To Print Remittance Advice 12

Partial or zero paid denied 12

To Print Explanation of Benefits 13

How to View all Batches and Claims 13

How to Upload the EDI 837 Claims File 14

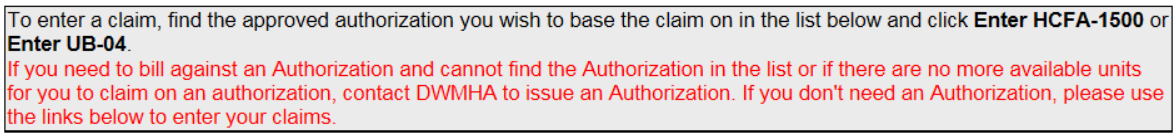
How to Access a Batch which has been Returned to the Provider..... 15

CLAIMS SUBMISSION (AP)

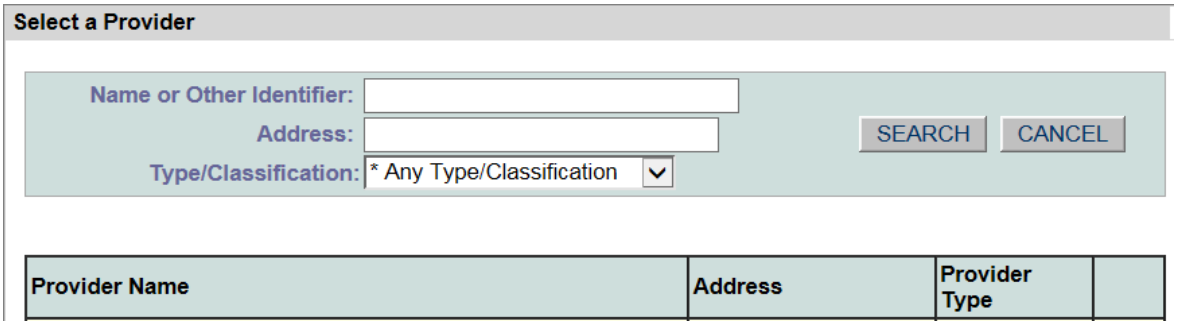
This help guide is divided into two sections: entering professional claims and entering institutional claims. The final section is a guide for providers needing to enter claims using the 837.

How to Enter a Professional Claim that Requires an Authorization

- Click the Claim Submission (AP) link in the Main Menu
- Click the (1) Enter Claims link to the right of the Main Menu and the following screen will display:

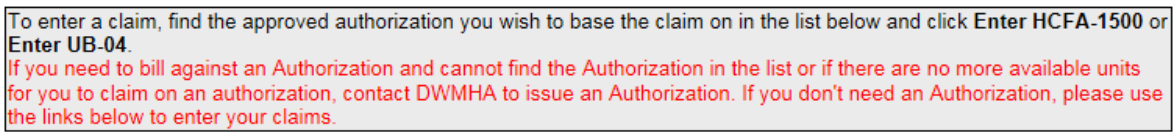

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click Enter HCFA-1500 or Enter UB-04.
If you need to bill against an Authorization and cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact DWMHA to issue an Authorization. If you don't need an Authorization, please use the links below to enter your claims.

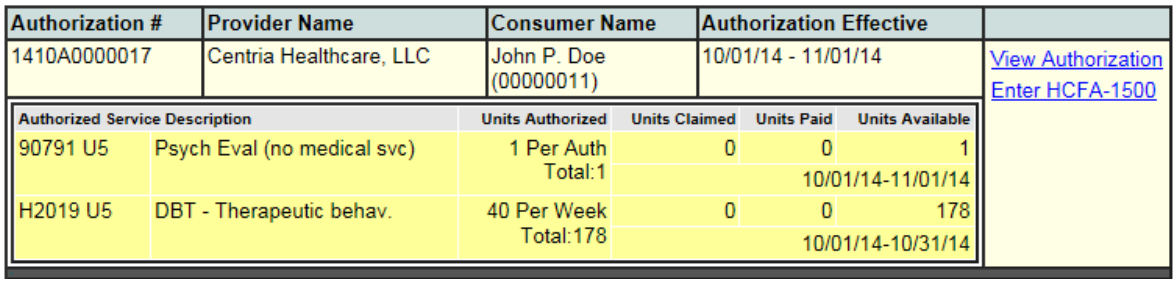
- To search for the Provider: if the provider ID is known, enter it alongside "Provider." If not, click the lookup button to search for and select the provider.



- When entering search criteria above, remember – less is more! For example, enter only the first few letters of the provider name and click the SEARCH button. DWC will return a list of providers matching the search criteria. Click Select next to the provider you need. You will return to the Claim Entry screen and you will see DWC has entered the provider you chose.
- Click the SEARCH button.
- You may now see authorization(s) listed per the example below:

Affiliate / PIHP / MCPN: * All
Member ID:
Last Name:
Authorization Number:
Check this box to show a history of all authorizations
By default, the list will display all current authorizations and authorizations which have expired within the last 12 months.
Provider: 28789 Centria Healthcare, LLC lookup clear
SEARCH

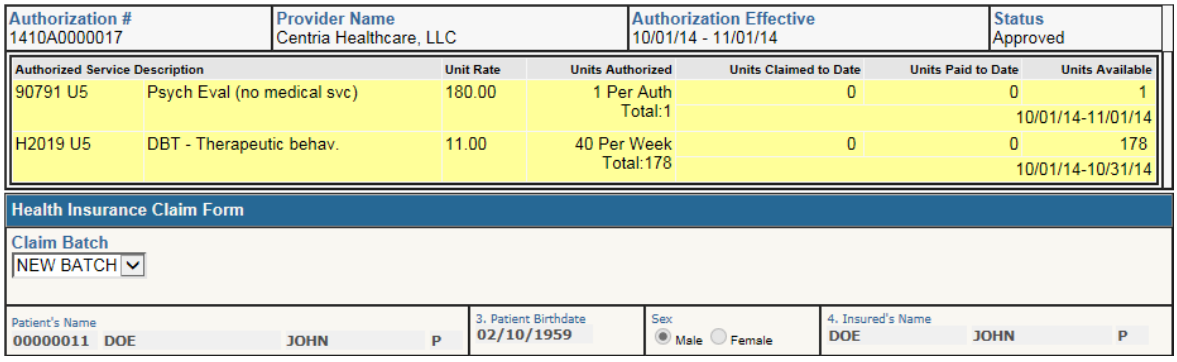

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click Enter HCFA-1500 or Enter UB-04.
If you need to bill against an Authorization and cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact DWMHA to issue an Authorization. If you don't need an Authorization, please use the links below to enter your claims.


Authorization # 1410A0000017
Provider Name Centria Healthcare, LLC
Consumer Name John P. Doe (00000011)
Authorization Effective 10/01/14 - 11/01/14
View Authorization
Enter HCFA-1500
Authorized Service Description
Units Authorized
Units Claimed
Units Paid
Units Available
90791 U5 Psych Eval (no medical svc) 1 Per Auth Total:1 0 0 1 10/01/14-11/01/14
H2019 U5 DBT - Therapeutic behav. 40 Per Week Total:178 0 0 178 10/01/14-10/31/14

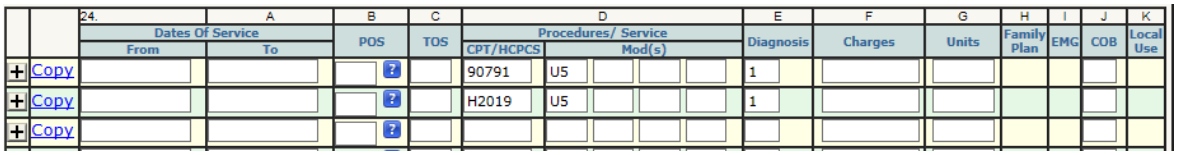
- In the event there are numerous authorizations, you can use the filter above (green-shaded section) to narrow your search for a particular authorization as follows:
- **Member ID** – enter the Consumer ID number
- **Last Name** – enter partial or the entire Consumer last name
- **Authorization Number** – enter the authorization number
- **Check this box…** – if this box is unchecked, DWC will display current authorizations, as well as those that have expired, within one year. If you wish to see older authorizations, those that have expired over one year ago, place a checkmark in the checkbox.
- Click the SEARCH button.
- To enter a claim, click the Enter HCFA-1500 to the right of the authorization for which you want to bill

How to Enter the HCFA-1500

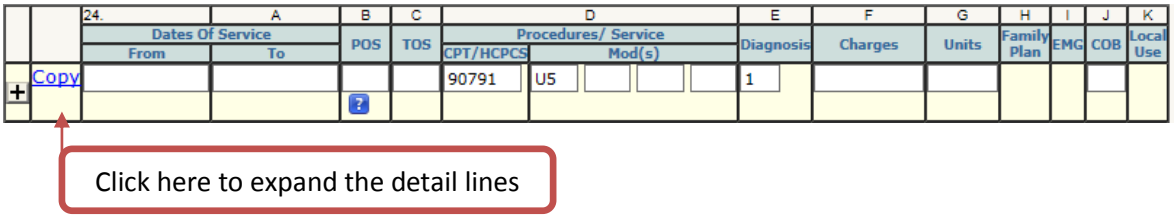
Following the steps outlined above, DWC will display the HCFA-1500 Claim form below:

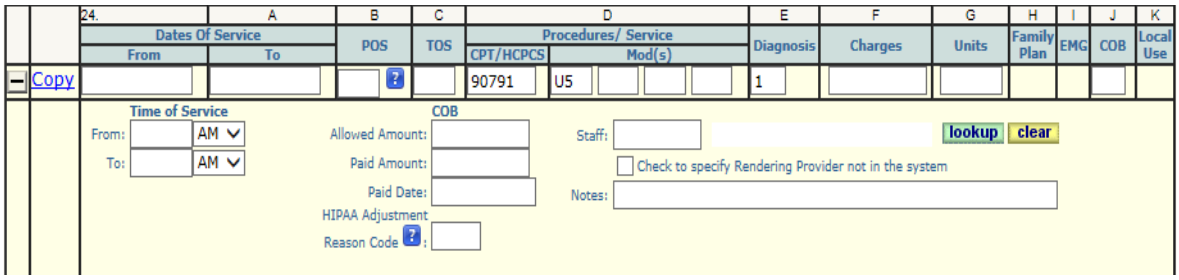


- Verify you have the correct authorization, Consumer, etc. Several fields are read-only and cannot be modified; below are the descriptions for the sections that are to be entered:
  - Claim Batch – Use the drop-down menu to select the batch number for the claim. If no batch exists, the only option will be "NEW BATCH." You may use the "NEW BATCH" option to begin a new batch at any time.
  - Section 21. Diagnosis Codes – Diagnosis Codes may pre-populate in this section from the Consumer's record. There must be an entry in the first (1) box, at least. Use the lookup button as needed to select the diagnosis code.
  - Add More Detail Lines, Expand All, Contract All – these links adjust the rows below
  - Section 24. (Detail Lines) – Some information may pre-populate in this section. Add and/or modify information as needed. Enter a detail line for each date of service or date range of service. *PLEASE NOTE – Only services with a day unit can be reported in date ranges. All other service units, i.e. 15-minute, hour and encounters, are reported per date or service.



  - Dates of Service – Enter the first date of the service in the "From" field. Enter the last date of the service in the "To" field. If this service is to be reported per date of service, enter the same date in the "From" and "To" fields.
  - POS (Place of Service) – Enter the numeric value of the place of service. Click on the question mark to display a list of options from which to choose
  - TOS (Type of Service) – (may be left blank)
  - CPT/HCPCS – DWC will automatically enter the CPT/HCPCS code(s) listed in the authorization
  - Mod(s) – add modifier(s) as needed
  - Diagnosis – DWC will automatically indicate that this claim pertains to the diagnosis listed in section 21 box 1 above
  - Charges – Enter the total charges for this service line
  - Units – Enter the total number of units for this service line
  - Family Plan, EMG, Local Use – read-only fields
  - COB (Coordination of Benefits) – This field is not used. See below for COB information
- For services that require you to report the time of service and/or to enter COB information:
  - Click the + button to left of the service line or click the Expand All link above the detail lines to expand the detail lines.





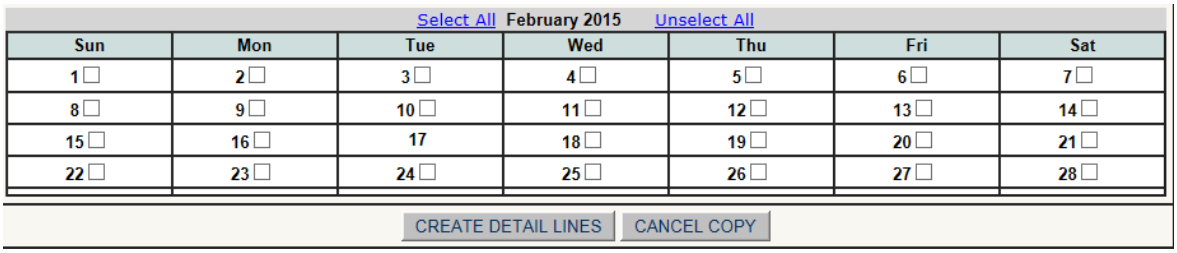
- Enter the begin and end time of the service (if required/applicable)
- Enter the COB Allowed Amount – amount that is allowed by the 3rd party insurance company for this line of service.
- Enter the COB Paid Amount – amount that was paid by the 3rd party insurance company for this line of service.
- Enter the COB Paid Date – date the 3rd party insurance company paid.
- Enter the COB HIPAA Claim Adjustment Reason Code – the standard HIPAA (Medicaid) adjustment reason code for this COB payment.
- To enter the Staff who performed the service (if applicable):
- Click the lookup button to the right of the "Staff" field.
- Search for and select the Staff Member.
- Enter the notes in the "Notes" field if applicable

Click the − button to collapse the data entry field or click the Contract All link above the detail lines. Although hidden, the information will remain in the screen until deleted by the User.

- DWC has a Copy link to assist entering data; the Copy link will allow you to copy a service detail line and make it applicable to multiple service dates. To use the copy function:

- Complete the service line.
- Click the Copy link to the left of the line.

A calendar will appear:



- Place a checkmark in the days you wish to populate
- Click the CREATE DETAIL LINES button.
- Detail lines will be created for the dates indicated.
- Click the SAVE button.
- The Claim is now saved. Continue to add claims to the batch by selecting the next Consumer. Once all claims for the Provider have been entered, proceed to DWC Step 2 Send Batch of Claims for Processing.

How to Enter Hospital (Institutional) Claims that Require an Authorization

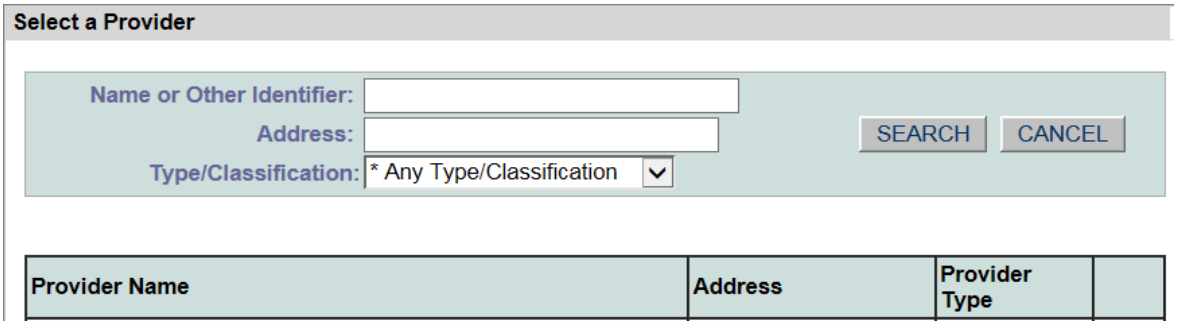
Use this link to view authorized services and enter claims.

- Click the Claim Submission (AP) link in the Main Menu
- Click the (1) Enter Claims link to the right of the Main Menu and the following screen will display:

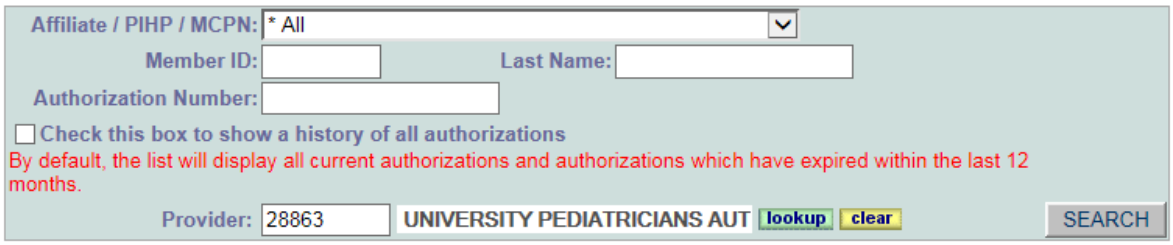
To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.
If you need to bill against an Authorization and cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact DWMHA to issue an Authorization. If you don't need an Authorization, please use the links below to enter your claims.

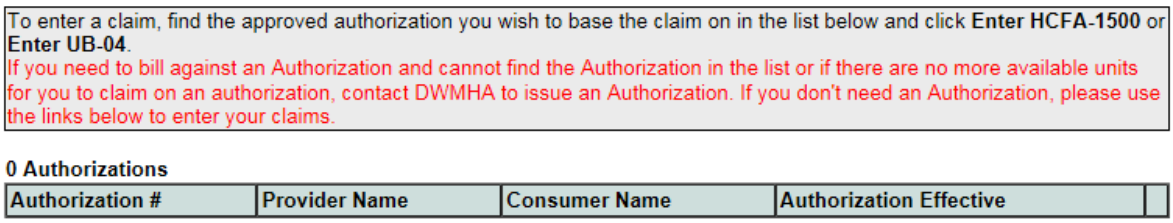
Authorization #	Provider Name	Consumer Name	Authorization Effective	

- To search for a Hospital: if you know the hospital ID, enter it alongside "Provider." If not, click on the lookup button to search for and select the hospital. DWC will display the following screen:



- When entering search criteria above, remember – less is more! For example, enter only the first few letters of the hospital name and click SEARCH. DWC will return results matching the search criteria. Next, click Select next to the hospital you need. You will return to the Claim Entry screen. Click the SEARCH button to generate the list of authorizations for the hospital you chose.
- You may now see authorization(s) listed per the example below:


Affiliate / PIHP / MCPN: * All
Member ID:
Last Name:
Authorization Number:
Check this box to show a history of all authorizations
By default, the list will display all current authorizations and authorizations which have expired within the last 12 months.
Provider: 28863 UNIVERSITY PEDIATRICIANS AUT lookup clear
SEARCH


To enter a claim, find the approved authorization you wish to base the claim on in the list below and click Enter HCFA-1500 or Enter UB-04.
If you need to bill against an Authorization and cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact DWMHA to issue an Authorization. If you don't need an Authorization, please use the links below to enter your claims.
0 Authorizations
Authorization #
Provider Name
Consumer Name
Authorization Effective

- An authorizations list will appear. If there are several authorizations, you can narrow your search by using the following fields:

Member ID – enter the Consumer ID

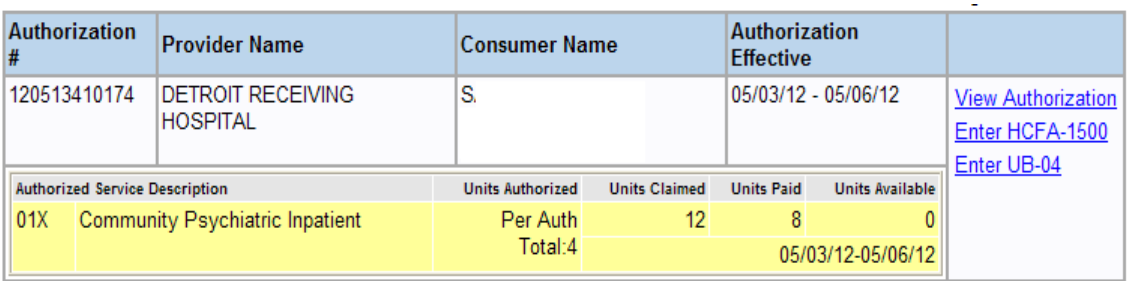
Last Name – enter partial or the entire Consumer last name

Authorization Number – enter the authorization number in the textbox provided

Check this box… – if this box is unchecked, MH-WIN will display current authorizations as well as those that have expired within one year. If you wish to see older authorizations, those that have expired over one year ago, place a checkmark in the checkbox.

Click the SEARCH button.

- Click the Enter UB-04 link to the right of the authorization for which you are billing and follow the steps below:



How to Enter the UB-04

Following the steps outlined above, the UB-04 Claim Form will now be displayed:

- Verify and update the following information (several fields are read-only):

- **Claim Batch** – Use the drop down menu to select the batch number for the claim. If no batch exists the only option will be "NEW BATCH." You may use the "NEW BATCH" option to begin a new batch at any time.
- **Contract** – Click lookup and select the appropriate contract that this claim is charged against
- **Box 3 - Patient Control Number** – This is the consumer's MH-WIN member ID and it will be automatically filled in. No entry is required here.
- **Box 6 - Statement Covers Period From/To** – The dates from the MH-WIN authorization will automatically fill; change date(s) as needed to reflect the actual dates for this claim. Note: the dates must fall within the authorization date range.
- **Box 17 – Admission Date** – Enter the inpatient admission date associated with this claim.
- Facility, Billing and consumer demographic information will automatically be filled
- **Detail Lines** – Enter the following information in the applicable boxes. Enter a detail line for each date of service or date range of service. *PLEASE NOTE – Only services with a day unit can be reported in date ranges. All other service units, i.e. 15-minute, hour and encounters, are reported per date or service.
    - From/To Dates – Enter the first date of the service in the "From" field. Enter the discharge date in the "To" field.
    - REV CD – MH-WIN will automatically enter the Revenue Code listed in the authorization. Note: if the authorization uses the generic "Service Package / Inpatient Day" code 01X, change it to the appropriate code that is being billed, for example, 0124.
    - Mod – add modifier(s) as needed
    - HCPCS – Not used on the UB-04 in MH-WIN. Professional service must be reported on a separate HCFA-1500 form.
    - SERV UNITS – Enter the total number of units (days) for this service line. Note: Since the discharge date is not paid, the number of units should represent the number of nights in the date range.
    - Charges – Enter the total charges for this service line
    - Diagnosis – principal and code diagnoses are required fields. If a diagnosis exists in the Consumer's record, MH-WIN will automatically pre-fill the PRIN field. If no diagnosis exists in either field, click the lookup button to search for and select the diagnosis.
    - Total Prior Paid Amount (COB) – Enter the amount owed or previously paid on this claim by 3rd party insurance, etc.
    - Co-Insurance Amount – Enter the co-pay amount owed or previously paid by the Consumer

- Remarks – Enter notes as needed

- Click the SAVE button.
- The Claim is now saved. Continue to add claims to the batch by selecting the next Consumer. Once all claims for the Provider have been entered, proceed to Step 2.

How to Adjudicate Claims, Make Changes and Send a Batch of Claims for Processing

Use this link to view a list of claim batches entered. You can review the claims in each batch and send forward to request payments. Each step below builds on the previous step.

- Click the Claim Submission (AP) link in the Main Menu
- Click the (2) – Send Batch of Claims for Processing link to the right of the Main Menu and the following screen will display:

Batch Number	Affiliate / PIHP / MCPN	Billing Provider	Status Date	Claims	Total Billed/ Payable	
141987 Regular	Detroit Wayne Mental Health Authority	TEST PROVIDER	01/16/2015	2	Billed: 960.00 Paid: 0.00	View Claims in Batch View Comments Adjudication Report Submit Claims to Agency Take Over Batch View Batch Info

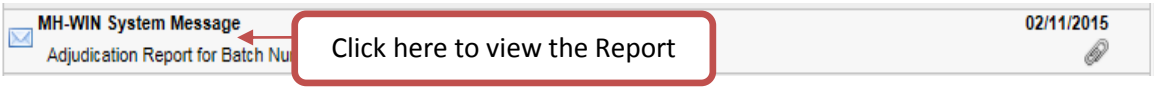
How to Create an Adjudication Report

You may run a preliminary adjudication report for a batch prior to sending the batch to the MCPN for adjudication and payment. The adjudication report can determine whether there are any data entry errors.

- Click the Adjudication Report link to the right of the batch. The following message will appear at the top of the screen:

Your request is being processed. Once the file has been generated, you can access it by clicking on the message icon ( ) at the top of the screen.

- Click the icon in the upper left corner of MH-WIN to retrieve the report.
- Click the link of the report. The report will open in a separate window. Review the results.

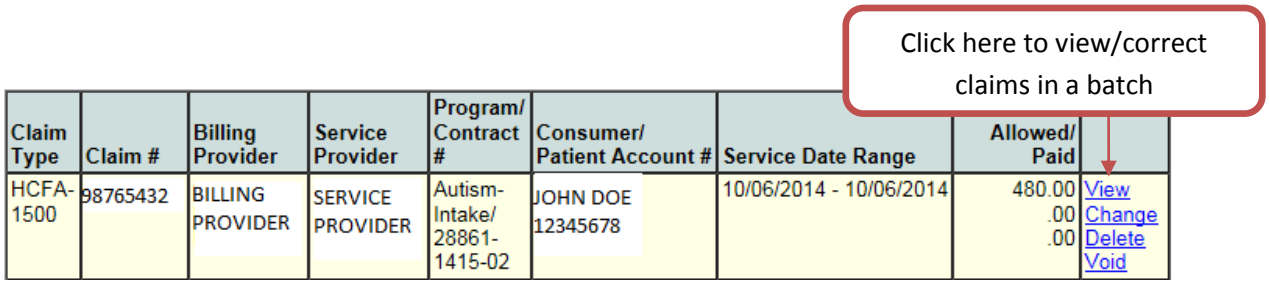


Once you make changes to the claim, you must re-run the adjudication report for the most up-to-date information.

How to View and Correct Claims in a Batch

The Change and Delete options described below are only available if you are the owner of a batch. If you do not own the batch and need to change or delete claims within a batch, see the instructions labeled "To Take Over Batch."

- Click the View Claims in Batch link to access all claims in the batch and the following screen will display:

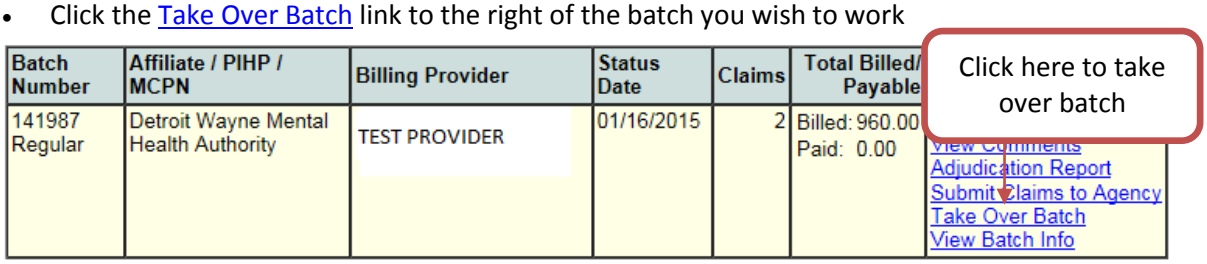


- To view the details of the claim, click the View link to the right of the claim
- To correct or edit the claim, click the Change link to the right of the claim. The Change link is only available if you are the person that entered the batch. Make the necessary corrections to the claim and click the SAVE button to save the changes
- (authorized users only)To delete a claim from the batch, click the Delete link to the right of the claim. The claim will then display in a read-only format, click the DELETE button to confirm the deletion.

How to Take Over a Batch

If you are not the owner of a batch, you cannot change or delete the claims within the batch. You also cannot submit the batch to the MCPN for payment. There may be times where it is necessary to transfer ownership of a batch.

- Click the Take Over Batch link to the right of the batch you wish to work

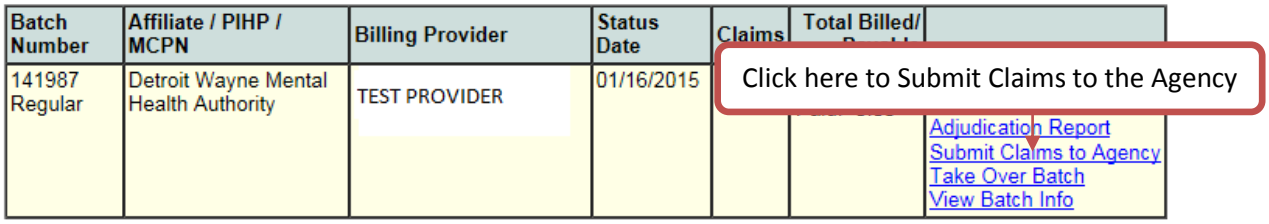


- The batch then becomes assigned to you. You can now follow the preceding steps to modify it as needed.

How to Submit Claims to the Agency

Once the batch is ready, i.e. all claims have been entered and all corrections have been made, send the batch to the MCPN for payment.

- Click the Submit Claims to the Agency link to the right of the batch you wish to send

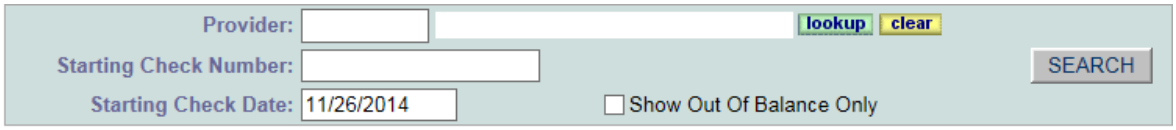


- To view the batch once it has been sent, click the link titled View all Batches and Claims.

How to View Payments

Follow the steps below to view checks or electronic fund transfers and view or print the remittance advice and explanation of benefits.

- Click the Claim Submission (AP) link in the Main Menu
- Click the (3) – View Payments link to the right of the Main Menu and the following screen will display:



8 Checks

Provider	Check # / EFT	Check Date	Check Amount	
TEST PROVIDER	#eft ABA: Account #: Rcd:	01/22/2015	$173,088.00 Invoice Amount: $173,088.00 Other Amount: $0.00	View Change Print Remittance (Short) Print Remittance Advice Print Remittance (Partial/Zero-Paid) Print EOB Download EOB in Excel View Payment Requests

The checks/EFT will display. You can filter the list by check number and/or check date.

To Print Remittance Advice (Short)

- Click the Print Remittance (Short) link to the right of the check/EFT information.
- A separate window will open with a "Processing Request" message. The Remittance Advice will appear in this window.
- Click the "Print" icon to send the report to a local printer.

To Print Remittance Advice

This link will provide more payment detail than the previous link.

- Click the Print Remittance Advice link to the right of the check/EFT information.
- A separate window will open with a "Processing Request" message. The Remittance Advice will appear in this window.
- Click the "Print" icon to send the report to a local printer.

Partial or zero paid denied

- Click this link to display where a partial or no payment was made.
- Click the "Print" icon to send the report to a local printer.

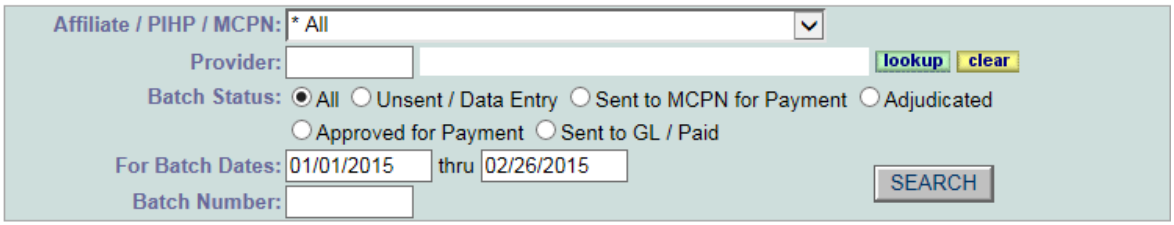
To Print Explanation of Benefits

- Click the Print EOB link to the right of the check/EFT information.
- A separate window will open with a "Processing Request" message. The Remittance Advice will appear in this window.
- Click the "Print" icon to send the report to a local printer.

How to View all Batches and Claims

Use this link to view all batches and claims submitted by you, the Provider, regardless of the batch status.

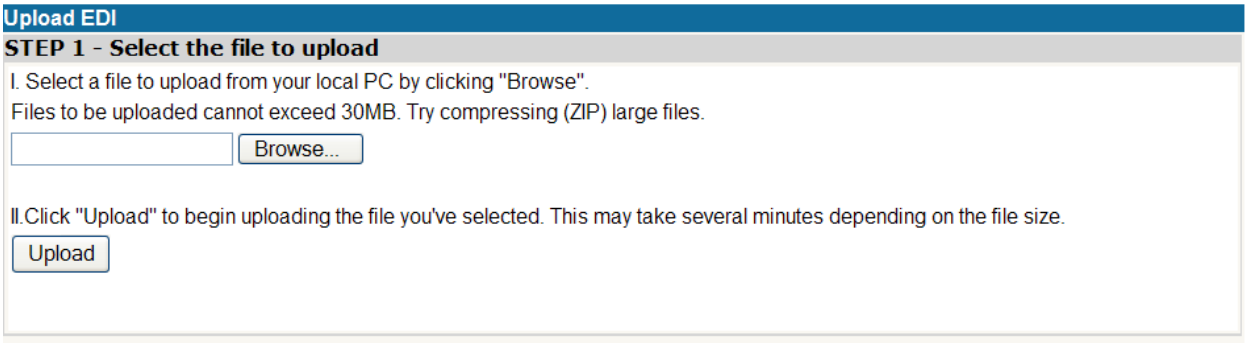
- Click the Claim Submission (AP) link in the Main Menu
- Click the View all Batches and Claims link to the right of the Main Menu
- All of the batches will display. You may filter the list by batch status, dates and number.


Affiliate / PIHP / MCPN: * All
Provider:
lookup
clear
Batch Status: All Unsent / Data Entry Sent to MCPN for Payment Adjudicated
Approved for Payment Sent to GL / Paid
For Batch Dates: 01/01/2015 thru 02/26/2015
Batch Number:
SEARCH

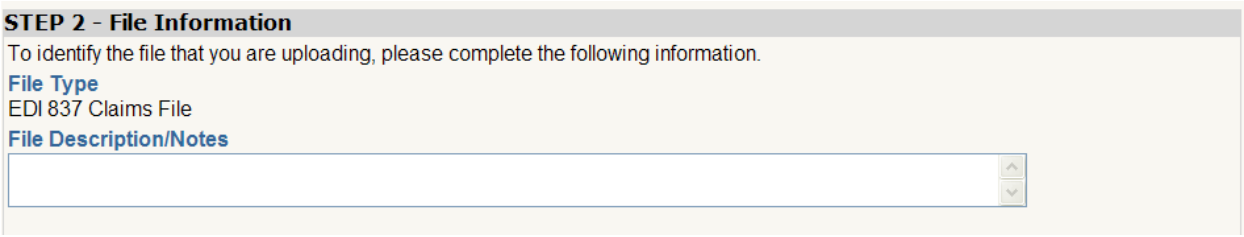
Batch Number	Affiliate / PIHP / MCPN	Billing Provider	Status Date	Batch Status	Claims	Total Billed/ Payable	
142793 Regular	Detroit Wayne Mental Health Authority Direct Contract	BILLING PROVIDER	01/28/2015	Claim Data Entry	1	Billed: 50.00 Paid: 0.00	View Claims in Batch Adjudication in Progress View Batch Info
142791 Regular	Detroit Wayne Mental Health Authority Direct Contract	BILLING PROVIDER	01/27/2015	Approved for Payment	1	Billed: 890.00 Paid: 890.00	View Claims in Batch Adjudication Report View Batch Info
142790 Regular	Detroit Wayne Mental Health Authority Direct Contract	BILLING PROVIDER	01/27/2015	Approved for Payment	1	Billed: 1453.00 Paid: 1453.00	View Claims in Batch Adjudication Report View Batch Info

How to Upload the EDI 837 Claims File

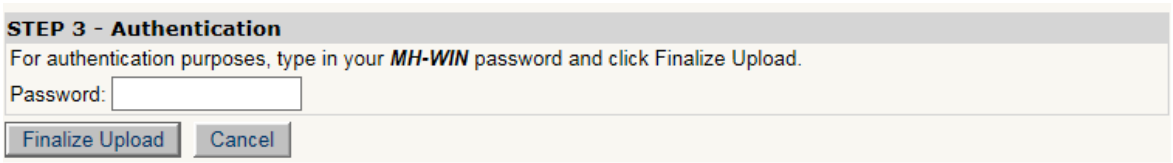
- Click the Claim Submission (AP) link in the Main Menu
- Click the Upload EDI 837 Claims Files link to the right of the Main Menu. The following screen will open:
- Step 1 – Click on the "Browse" button to select the file to upload. Click the "Upload" button to begin.


Upload EDI
STEP 1 - Select the file to upload
I. Select a file to upload from your local PC by clicking "Browse".
Files to be uploaded cannot exceed 30MB. Try compressing (ZIP) large files.
Browse...
II.Click "Upload" to begin uploading the file you've selected. This may take several minutes depending on the file size.
Upload

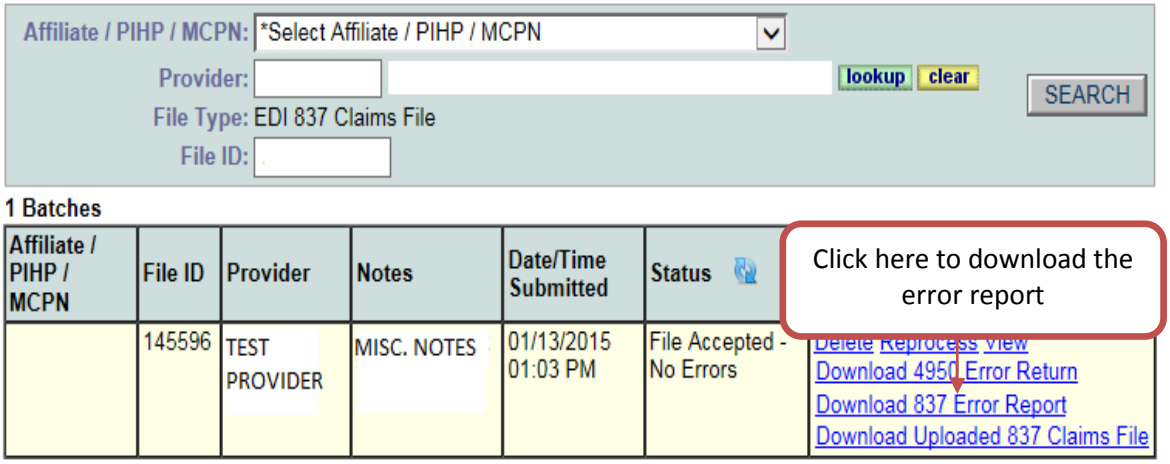
- Step 2 – Provide a file description in the File Description/Notes textbox


STEP 2 - File Information
To identify the file that you are uploading, please complete the following information.
File Type
EDI 837 Claims File
File Description/Notes

- Step 3 – Enter your password (below) and click the button "Finalize Upload." The upload is complete.


STEP 3 - Authentication
For authentication purposes, type in your MH-WIN password and click Finalize Upload.
Password:
Finalize Upload
Cancel

After uploading batches, click on View Uploaded 837 Files on the Claims Submission (AP) menu to see the results of the files that have been uploaded. The following screen will appear:



If errors exist, click Download 837 Error Report to view the details of the errors. Correct the errors in your system, recreate the 837 file, and upload it again to MH-WIN.

Once the file is accepted, follow the guide above "How to Adjudicate Claims, Make Changes, and Send a Batch of Claims for Processing" using Claim Submission option (2)-Send Batch of Claims for Processing.

How to Access a Batch which has been Returned to the Provider

As a practice, please always re-visit Step 2 after submitting batches to the MCPN. In this manner, you can check whether any claims have been reviewed by DWMHA and returned to you for any reason.

If you submitted a batch of claims which subsequently was returned to you by DWMHA, you, the sender, will receive an email alert. Additionally, a link View Comments will appear in the MH-WIN list screen alongside the claim (details below).

To access the batch and learn the reason(s) it was returned to you, follow these steps:

- Click on the Claim Submission (AP) link in the main menu
- Click on the Send Batch of Claims for Processing link and the following screen will appear:

Batch Number	Affiliate / PIHP / MCPN	Billing Provider	Status Date	Claims	Total Billed/ Payable	
141987 Regular	Detroit Wayne Mental Health Authority	TEST PROVIDER	01/16/2015	2	Billed: 960.00 Paid: 0.00	View Claims in Batch View Comments Adjudication Report Submit Claims to Agency Take Over Batch View Batch Info

- Click on the View Comments link above and the following screen will appear:

Date & Time	Returned By	Returned To	Comments
01/20/2015 10:02:27 AM	PCE Staff		Batch number 142674 has been returned for the following reason(s): Vendor GL information not found.

- As needed, modify your claim(s), adjudicate and re-submit to the MCPN.